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11299

State of Nebraska
Investigator's Motor Vehicle Accident Report

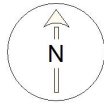
Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 598	Agency Case No. B3-115855	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/16/2013		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 12/17/2013
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2232	POLICE NOTIFIED 2234	
B 31	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2700 SOUTH PARKING LOT		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
			66.00			X S 27th Street
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G25002263			STATE (Of License)	NE
V1/N 1	DRIVER	EDWIN L TOPII			PHONE	4024504634
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	09/02/1966
G 1	OWNER	EDWIN L TOPII			PHONE	4024504634
H 5	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO
V1/O 1	LICENSE PLATE	TE NO.	SHC278		YEAR (Plate Expires)	2014
V2/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	VEHICLE ID NO. (VIN)	1B7FL26Y6NS695784		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 1000		
J 01	TOWED TO	Big Red Tire		TOWED BY	Capital Towing	
K 01	TOWED TO			TOWED BY	Capital Towing	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.				STATE (Of License)	
V1/P 1	DRIVER				PHONE	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER				PHONE	
K 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input type="radio"/> YES <input type="radio"/> NO
V1/Q 2	LICENSE PLATE	NO.			YEAR (Plate Expires)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
L 01	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
M 01	TOWED TO			TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

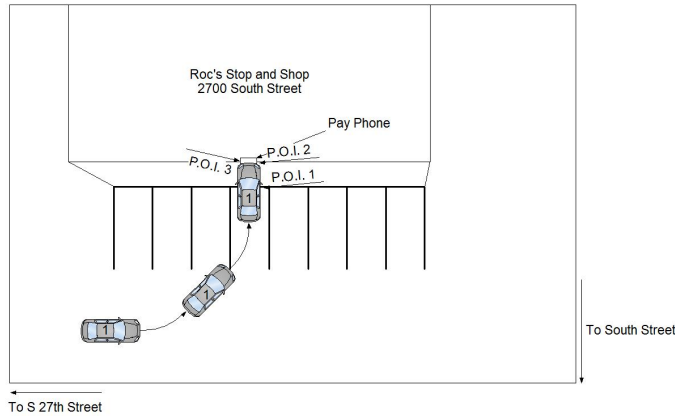
AGENCY CASE NO.
B3-115855



P.O.I. 1
66' E of E Curb of S 27th Street
94' N of N Curb of South Street

P.O.I. 2
66' E of E Curb of S 27th Street
97' N of N Curb of South Street

P.O.I. 3
66' E of E Curb of S 27th Street
98' N of N Curb of South Street



All measurements are approximate

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was entering the parking lot at Roc's Stop and Shop traveling at approx 5 mph when his brakes stopped working. D1 stated his vehicle then collided with the building and also damaged a pay phone. D1 stated he had a few beers earlier in the night, tested a .045 BAC on a PBT and did not appear to be too intoxicated too drive. D1 stated he knew his brakes were bad and had been getting progressively worse through the evening. Witness said he observed V1 strike the building at approx 5 mph and said it made a sound similar to when his brakes had gone out on his vehicle in the past. D1 was cited/released.

PROPERTY	OBJECT DAMAGED Bricks Pushed In	OWNER NAME Roc's Stop and Shop 2700 South Street, Lincoln, NE 68502	ADDRESS 2700 South Street, Lincoln, NE 68502	PHONE 4024353389	APPROX. COST OF DAMAGE \$ 5000
	OBJECT DAMAGED Pay Phone	OWNER NAME Windstream Communications	ADDRESS 1440 M Street, Lincoln, NE 68508	PHONE 4024364500	APPROX. COST OF DAMAGE \$ 250
WITNESSES	NAME Joseph R Stevens 1827 S 27th Street, Lincoln, NE 68502				PHONE 4027702032
	NAME 				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	(Enter numbers for each vehicle)																											
1	X				PARKING LOT				5		2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td>X</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>BAC LEVEL</td> <td colspan="3">.045</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y	X	Y	Y	ALCOHOL LEVEL TESTED	N	N	N	BAC LEVEL	.045		
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Y	X	Y	Y																													
ALCOHOL LEVEL TESTED	N	N	N																													
BAC LEVEL	.045																															
2																																
1	01	06 Turning left			POINT OF IMPACT		01		1 Deployed - front		1 None used - vehicle occupant		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> </table>				ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	2	2											
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																														
2	2																															
2		07 Making U-turn			MOST DAMAGED AREA		01		2 Deployed - side		2 Lap & shoulder belt used																					
		08 Entering traffic lane							3 Deployed - both front/side		3 Shoulder belt only used																					
		09 Leaving traffic lane							4 Not deployed		4 Lap belt only used																					
		10 Parked							5 Not applicable/ No airbag available		5 Child safety seat used																					
		11 Slowing or stopped in traffic							6 Unknown		6 Child booster seat used																					
		12 Other									7 DOT approved helmet used																					
		13 Unknown									8 Costume helmet used																					
											9 Restraint use unknown																					

OFFICER NO. 1686	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein		INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein	
DATE OF REPORT 12/17/2013			